

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27097**

FILED AUG 29 1955

BIRTH NO. _____		REG. DIST. NO. 247		PRIMARY REG. DIST. NO. 4366		Registrar's No. 96	
1. PLACE OF DEATH a. COUNTY Newton b. CITY (If outside corporate limits, write RURAL and give township) Granby c. LENGTH OF STAY (in this place) 3 yrs d. FULL NAME OF (If not in hospital or institution, give street address or location) Kimbrough Rest Home				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry c. CITY OR TOWN Exeter, Mo. R# d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 0054			
3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) Elbert c. (Last) Brattin		4. DATE OF DEATH (Month) (Day) (Year) Aug. 8 1955		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 20, 1878		9. AGE (In years last birthday) 77		10. UNDER 1 YEAR 5 MONTHS 18 DAYS 18 HOURS 18 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Brattin		13b. MOTHER'S MAIDEN NAME Sarah Peach		14. NAME OF HUSBAND OR WIFE Nannie Brattin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Roy Brattin , ADDRESS Seneca Missouri.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary failure ANTECEDENT CAUSES DUE TO (b) Cerebrovascular accident Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Hypertensive cardiovascular disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day 8 days over 6 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 443 X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 1 , 19 55 , to Aug. 8 , 19 55 , that I last saw the deceased alive on Aug. 8 , 19 55 , and that death occurred at 12 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D.O.		23b. ADDRESS Granby, Mo.		23c. DATE SIGNED 8/10/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 10-155		24c. NAME OF CEMETERY OR CREMATORY Concord Cemetery		24d. LOCATION (City, town, or county) (State) Exeter, Mo. R#. Barry County	
DATE REC'D BY LOCAL REG. Aug 10 1955		REGISTRAR'S SIGNATURE M. L. Young		25. FUNERAL DIRECTOR'S SIGNATURE W. M. Rogers		ADDRESS Wheeler Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer To

District File #

Date Filed

AUG 26 1955

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

James Kenneth Duncanson

Licensed Embalmer No. *47*

P. O. Address *Wheaton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.